MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AFTER AFTER AS FILED AS FILED** 1" AMENDMENT 2 MAMENDMENT 1" AMENDMENT 2 ad AMENDMENT IND. DEP. IND. DEP. IND. IND. DEP. DEP. IND. DEP. IND. DEP. W <u>67</u> (1)

TOTAL

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CLAIMS

PTO - 1360 (REV. 11/04)

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